

CLAIMS ONLY							Application Number 10695399	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	5						Total Indep			
Total Depend	41						Total Depend			
Total Claims	46						Total Claims			